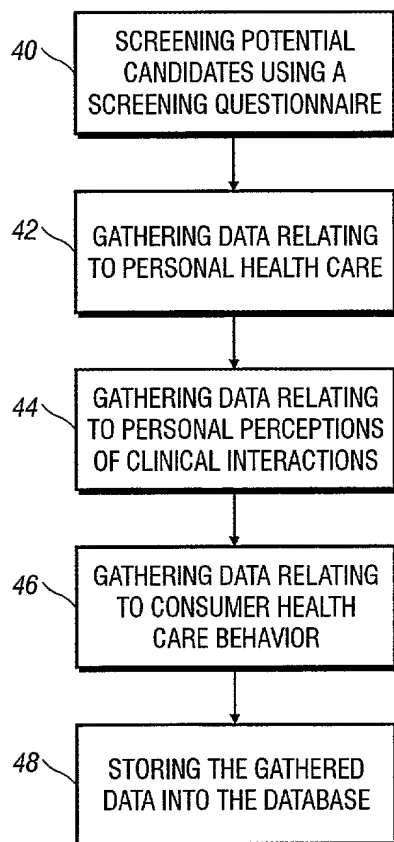


**FIG. 1**



**FIG. 2**

```

graph TD
    50[GATHERING STUDY PASSWORD AND AUTHORIZATION DATA] --> 52[GATHERING CONTACT DATA]
    52 --> 54[GATHERING DEMOGRAPHIC DATA]
    54 --> 56[GATHERING LIFESTYLE DATA]
    56 --> 58[GATHERING CHRONIC CONDITIONS EVER SUFFERED DATA]
    58 --> 60[GATHERING CURRENT AND ACUTE CONDITIONS DATA]
    60 --> 62[GATHERING CURRENT CONDITIONS CURRENTLY TREATED DATA]
    62 --> 64[GATHERING ALL CURRENT MEDICATIONS DATA]
    64 --> 66[GATHERING CHARACTERIZATION FOR EACH MEDICATION DATA]
  
```

Page 34 of 52

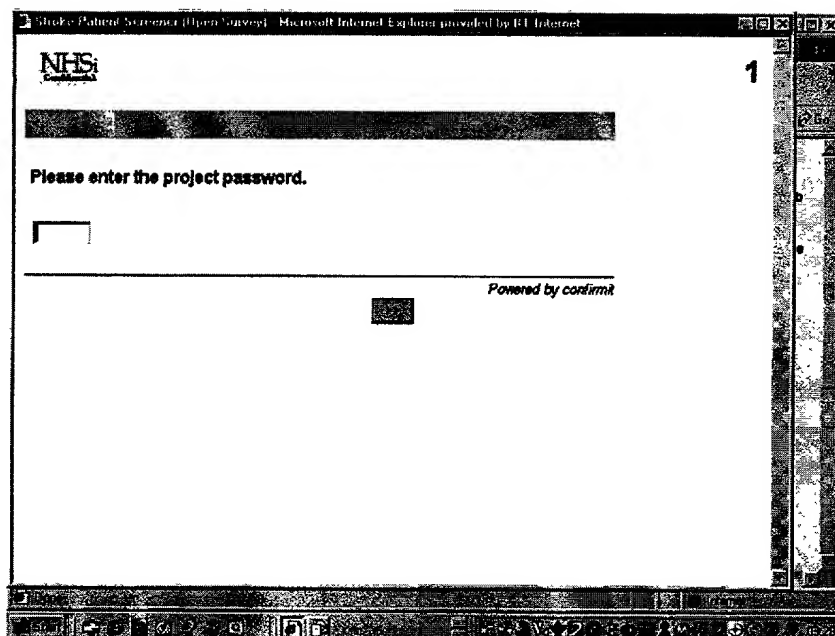


Figure 4A

Page 36 of 52

**Stroke Patient Screener (Open Survey)**

We may need to contact you by mail, telephone or email. Completing the following questions will allow us to do that when necessary.

This information will, on no account, be passed to third parties.

Name, address and contact details

First name	
Last name	
Address	
Apartment number (if any)	
Street number	
Street name	
Town or city	
State	
Zip code	
Phone	
Fax	
E-mail	

The bottom of the screenshot shows the Windows taskbar with various icons and a system clock displaying 03:33.

Page 37 of 52

Stroke Patient Screening (Open Survey) - Microsoft Internet Explorer provided by BT Internet

NHS

9

**Marital Status**

Please choose one option that best describes your current situation. If it is not listed then type in your description next to 'others'.

☐ Married  
☐ Single  
☐ Widowed  
☐ Divorced  
☐ Other specify: \_\_\_\_\_

Powered by confirm

Navigation buttons: << >>

Progress bar: 1 of 10 questions

System tray: 03:47

Figure 4D

44030360

Stroke Patient Screener (Open Survey) Microsoft Internet Explorer provided by BT Internet

NHS

11

What is your race?

Please click on one or more races to indicate what race you consider yourself to be.

☒ White

☐ Black African or Caribbean

☐ Black British

☐ Black African

☐ Black Caribbean

☐ Other Black specify

☐ Other Pacific Islander specify

☐ Other Asian specify

☐ Other race specify

Powered by confirm

Page: 5 44030360 44030360 Col: 1 REC TRV EXT 2000 10/20 10/20

Start

Figure 4E



Stroke Patient Screener (Open Survey) - Microsoft Internet Explorer provided by BT Internet

12

What would best describe your current situation?

Choose one answer only

☐ All the time

☐ Most of the time

☐ Some of the time

☐ None of the time

☐ Other (specify)

Powered by confirmit

Page 6 of 6

Start

Figure 4F

Stroke Patient Screener (Open Survey) - Microsoft Internet Explorer provided by BT Internet

14

What is the highest grade, or year of school you completed?

☐ Less than 8th grade  
☐ 8th grade  
☐ 9th grade  
☐ 10th grade  
☐ 11th grade  
☐ 12th grade  
☐ Some college  
☐ Bachelor's degree  
☐ Master's degree  
☐ Doctorate degree  
☐ Other Specify

Powered by confirmat

Page 7 of 7 | At 1 | Ln 1 | Col 1 | REC | ITR | EXT | AVR | PATH | LK

Page 41 of 52

095644-1004  
TOTOT-4492850

Stroke Patient Screening (Open Survey) Microsoft Internet Explorer provided by BT Internet

NHS

18

On average, about how many cigarettes do you now smoke each day?

Powered by confirmit

Figure 4H

0963044-0001  
F0007-4402960

Stroke Patient Screener (Open Survey) Microsoft Internet Explorer provided by B1 Internet

NHS 27

Which physical activities, or exercises, did you spend the most time doing during the past month?

Describe each exercise in a separate box.

Powered by confirm

Figure 4I

Stroke Patient Screeners (Open Survey) Microsoft Internet Explorer provided by BT Internet

NHS

35

Now thinking about your physical health which includes physical illness and injury.

For how many days (or part days) during the past 30 days was your physical health not good?

Powered by confirm3d

Page 10 Size 1000

**Figure 4J**

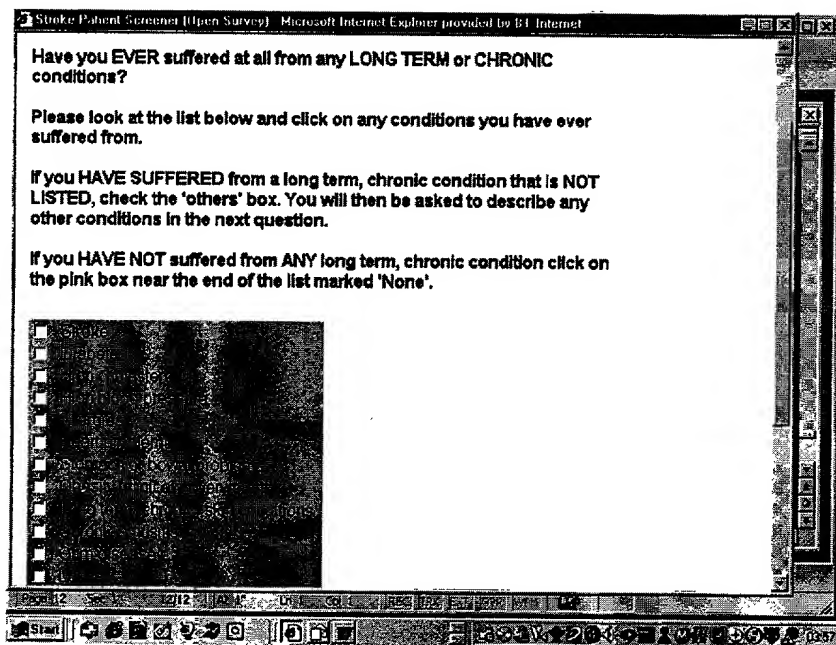


Figure 4K

**Figure 4L**

**If you have no current conditions please continue to the next question.**

Yes I still have this condition	
Do you have a cough?	<input type="checkbox"/>
Do you have a cold?	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>
Do you have a fever?	<input type="checkbox"/>
Do you have a headache?	<input type="checkbox"/>
Do you have a sore?	<input type="checkbox"/>

Powered by content

**Figure 4M**



Stroke Patient Screener (Open Survey) - Microsoft Internet Explorer provided by BT Internet

NHS

114

Please itemise ALL the medications or treatments (of any kind including herbal remedies, homeopathy or other alternative medicine) that you consider yourself to be currently taking.

For each medication, indicate whether it has been prescribed for you by a doctor.

Medication	Choose
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Done

Start

Figure 4N

Stroke Patient Screener (Open Survey) Microsoft Internet Explorer provided by BT Internet

NHS

115

Look at the list below.

When (month and year) did you start taking each prescribed medication -  
If you are unsure choose 'Don't Know'

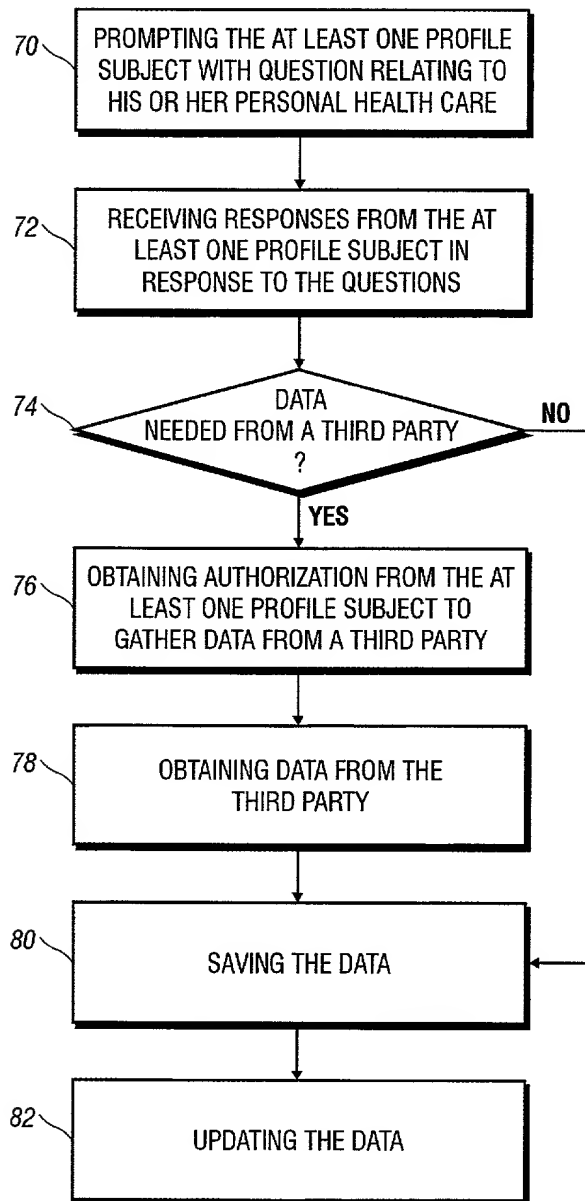
Have you taken the medication today?

Month Started	Year Started	Yes - I've taken this today
Please select your answer	Please select your answer	<input type="checkbox"/>

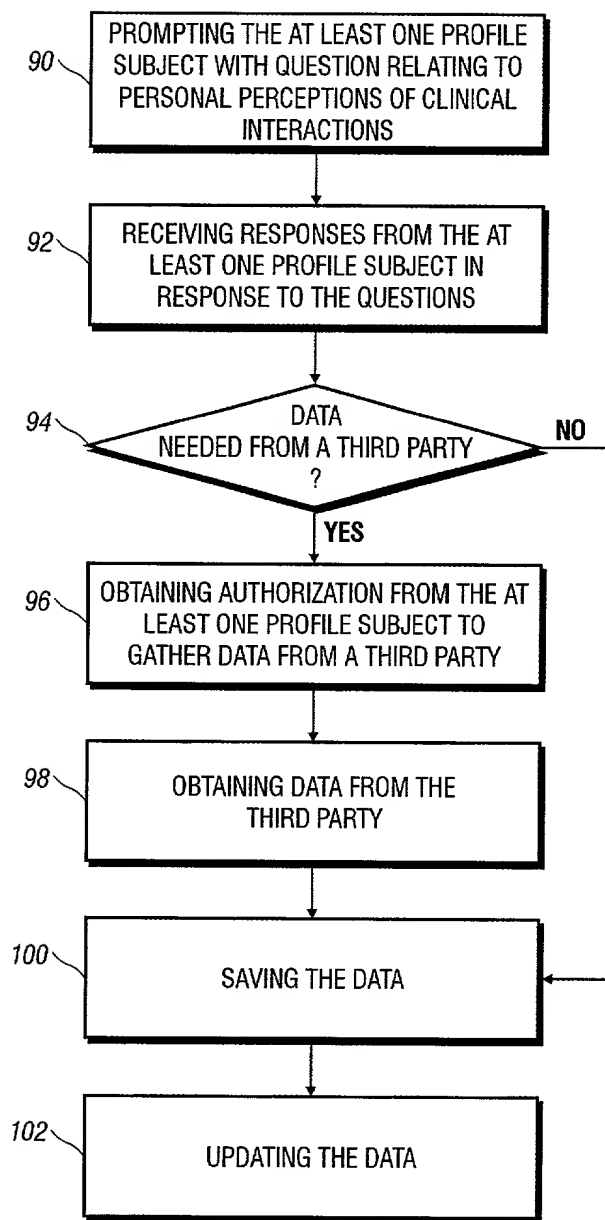
Powered by confirm

Page 16 of 16

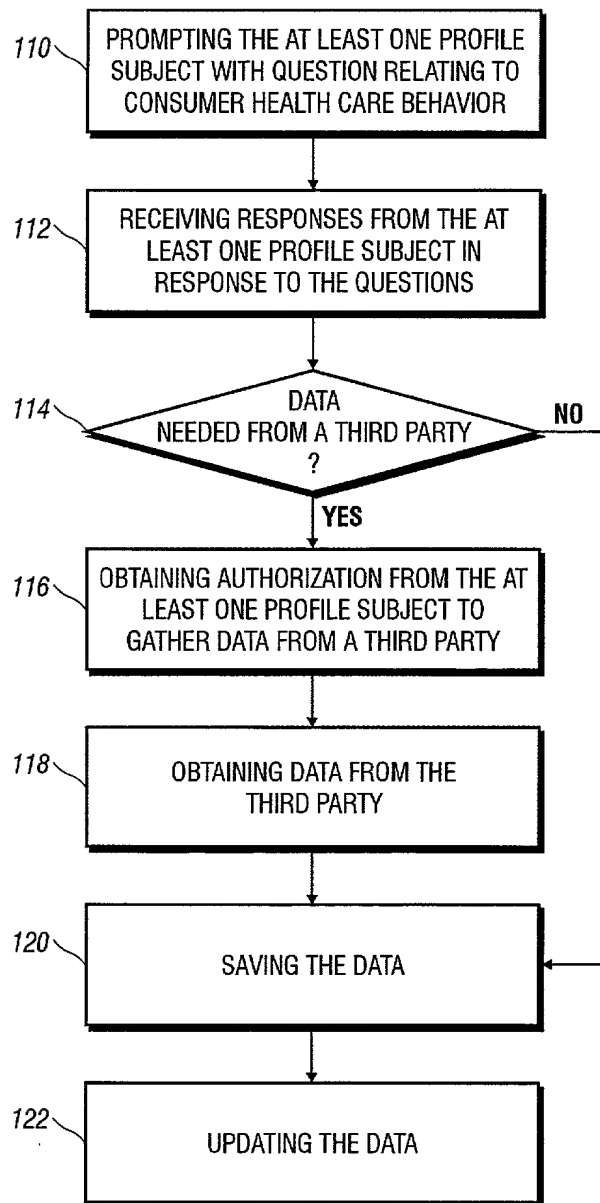
Figure 40



**FIG. 5**



**FIG. 6**



**FIG. 7**